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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law, R.I.G.L. 7-1.2-1501(a) & (b) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
71363	Corsini Family Hairstyling, Inc.

3. Street Address Principal Business Office	City	State	Zip
1720 Mineral Spring Avenue	North Providence	RI	02904

4. Business Phone No.	5. State of Incorporation
	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To operate a hair salon and all things incidental thereto.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice-President Name
Eugene A. Corsini, Jr.	Beverly A. Corsini
Street Address: 345 Douglas Pike RFD 1	Street Address: 345 Douglas Pike RFD 1
City: North Smithfield / State: RI / Zip: 02895	City: North Smithfield / State: RI / Zip: 02895
Secretary Name: Same as President	Treasurer Name: Same as Vice-President
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
None	
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
1000		No

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Eugene A. Corsini, Jr. — 2/18/11
Signature *Date*

Eugene A. Corsini, Jr.
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. FEB 28 2011
By: By
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Form 630 Rev. 08/08

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